



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

REPORT #6

RECEIVED

By Carol Day at 12:30 pm, Apr 01, 2016

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 960016	NAME OF AGENCY El Dorado Springs Police Department	DATE OF INSPECTION 04/01/2016			
LOCATION OF INSTRUMENT (STREET AND CITY) 1207 South Main Street El Dorado Springs		TIME OF INSPECTION 1150			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.					
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) _____					
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR				
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS				
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD				
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION				
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER				
<input checked="" type="checkbox"/> INDICATOR LIGHTS Green					
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc LOT # 15220 EXP. DATE 09/28/2017					
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.04 °C SIMULATOR SN SD3146 EXP. DATE 01/11/2017					
<input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
TEST 1 - .095	TEST 2 - .098	TEST 3 - .096			
<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)					
REFUSALS 0	(0-.04) 0	(.05-.09) 1	(.10-.14) 0	(.15-.19) 0	OVER .19 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY). This instrument meets Department of Health and Senior Services Rules and Regulations.					
INSPECTING OFFICER					
SIGNATURE 			PRINT FULL NAME Jarrod D. Schiereck		
TYPE II PERMIT NUMBER/EXPIRATION DATE 240337 09/15/2016			TELEPHONE NUMBER (417) 876-2313		
RETURN COMPLETED REPORT TO THE:			Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901		

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
EL DORADO SPRINGS POLICE DEPARTMENT

IRC DRTMASTER SERIAL NUMBER 960016
04/01/16
11:50

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
PUMP HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY
PRINTER TEST
!@#\$%^&*()-+=~`~'"/0123456789:;<=>?@BCDEFG
HIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz
PQRSTUVWXYZ{ }~++

Operator Signature 

2208-02

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
EL DORADO SPRINGS POLICE DEPARTMENT

IRC DRTMASTER SERIAL NUMBER 960016
04/01/16

TESTING OFFICER:

SCHIERECK/JARROD/D
OFFICER I.D.: 109
PERMIT NUMBER: 240337
EXPIRATION DATE: 09/15/16
MISCELLANEOUS DATA:
APRIL/2016

--- SUPERVISOR MODE ---

BLANK TEST .002 11:57
INTERNAL STANDARD VERIFIED 11:57
EXTERNAL STANDARD .095 11:57
BLANK TEST .002 11:58
EXTERNAL STANDARD .092 11:58
BLANK TEST .002 11:59
EXTERNAL STANDARD .096 11:59
BLANK TEST .002 12:00
N = 3
SIM. = .1
RMS. = .0963

Operator Signature 

2208-02

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
EL DORADO SPRINGS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 960016
04/01/16

ARREST TIME: 10:00
SUBJECT NAME:
DOE/JE/A
DOB: 10/09/78 SEX: M
STATE/D.L.: MO/RSD12098
ARRESTING OFFICER:
SCHIERECK/JARROD/D
OFFICER I.D.: 109
TESTING OFFICER:
SCHIERECK/JARROD/D
OFFICER I.D.: 109
PERMIT NUMBER: 240337
EXPIRATION DATE: 09/15/16
MISCELLANEOUS DATA:
R.F.I. TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	12:05
INTERNAL STANDARD	VERIFIED	12:05
RADIO INTERFERENCE		

Operator Signature





STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II

JARROD D SCHIERECK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 9/15/2014

NUMBER 240337

EXPIRES 9/15/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

10771 (6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD	
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
Operator SCHIERECK, JARROD Permit No 240337 Date Issued 9/15/2014 Date Expires 9/15/2016	



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **15220** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 30, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 28, 2017** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number **FN08051301** whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.